

Wm D. Glover's (3)

Kind regards

THE

PRACTICAL ELEMENT

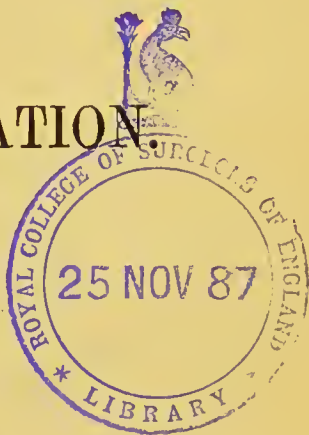
IN

MEDICAL EDUCATION.

A Statement

BY J. GREY GLOVER, M.D.

In the Medical Council, Feb. 23, 1887.



LONDON: BAILLIÈRE, TINDALL, & COX,

KING WILLIAM STREET, STRAND, W.C.

1887.

Moved by Dr. GLOVER :—

Seconded by Dr. CHAMBERS, and agreed to :—

“That a Committee be appointed to consider the best methods of increasing the practical element in Medical Education,—as by a system of Limited Pupilage with a Registered Practitioner and insistence on more Clinical, Therapeutical, and Pathological teaching and work in Medical Schools.”

Minutes of the GENERAL MEDICAL COUNCIL, Feb. 23, 1887.

THE PRACTICAL ELEMENT IN MEDICAL EDUCATION.

I HOPE not to detain the Council long in asking it to accept the following Resolution :—

“ That a Committee be appointed to consider the best methods of increasing the *practical element* in Medical Education, as by a system of *limited* pupilage with a Registered Practitioner, and insistence on more Clinical, Therapeutical, and Pathological teaching and work at medical schools.”

There are two or three facts which, I think, and I hope the Council will think, go far to justify me in bringing forward this Resolution, and which will dispose the Council to give it a favourable reception.

1. There is a very prevalent impression in the Medical Profession that with many and great improvements in Medical Education, men fresh from the schools are not so well fitted for actual practice as they might be, or even as they used to be, under the old system of education. This impression is very strong in men who are in need of assistants ready at practice, with some knowledge of medicines, dispensing, &c., and familiar with the common diseases which, as they make up the chief sum of disease and sickness, so the treatment of them constitutes the chief business of medical men. I do not wish to carry this view

Prevalent impression in the profession of deficiency in practical training.

Not familiar with the common diseases.

too far or to do injustice to the splendid improvements in medical education, but simply to take for what it is worth the general impression of practitioners that the men turned out at medical schools have yet to learn medical practice. It is clear that hospital practice is very different from general practice. And there is some fear that the pecuniary difficulties of hospitals may accentuate this difference, and make them more and more receptacles for phenomenal cases. At any rate general practice and the management of it are not to be learnt by hospital practice exclusively. I think I have advanced nothing so far which will not be admitted by members of the Council.

Clear that hospital practice is not private practice.

Evidence in our own Minutes.

I will now come to another proof of the necessity for more attention in the medical schools to the teaching of practical subjects, and one of which the Council will admit the force, as it shall be taken from our own Minutes. I refer to the tables giving the Results of the Final Examinations in the principal examining bodies of the different divisions of the Kingdom.

These tables constitute a very valuable feature in the Minutes of the Council, and supply food for more reflection than I fear they receive. The Council will forgive me if I direct its special attention to the painful failures of candidates at the Final Examinations, especially at the Final Examinations of the principal corporations, as given in the last volume of Minutes.

Rejections at the Final Examinations

Take the case of England and the Exams. for 1885 :

		REJECTED.	PASSED.
Royal College of Surgeons, England.	Royal College of <i>Physicians</i> of London...	... 152	242
	The Royal College of Surgeons of England	... 443	561
Apothecaries'	The Apothecaries ... ..	... 121	235

Scotland.

The results of double examination appalling

In Scotland, matters are still worse, thus :

In the Conjoint Examination of the <i>Royal College of Physicians and the Royal College of Surgeons of Edinburgh</i> the rejections are appalling, and exceed the passes			
		116	91

In the Conjoint Examinations of the <i>three</i> harmonious Corporations of Scotland :				Also of the tripartite examination.	the ex-
	REJECTED.		PASSED.		
Royal College of Physicians, Royal College of Surgeons, and Faculty of Glasgow...	...	74	86		
University of Edinburgh	...	181	248		

In Ireland.

Ireland.

The Royal College of Surgeons ...	...	54	81	Royal College of Surgeons.
The <i>Royal University of Ireland</i> ...	...	71	76	Royal University.

It may be a piece of sentiment, but I think there is something very painful in these rejections at the Final Examination, and very serious as regards the responsibility of the Medical Council, both to the public and to the candidates. The candidates, I wish to point out, are not untried men, many of them are known to be good men and good workers. All of them have passed the ordeal of the first examinations, and some of them creditably. They are tried and trained men, on the point as they think of entering the Profession. The ship is in sight of port and she is wrecked or badly strained.

Something very painful in these rejections at the final Examination.

These rejected candidates are tried men.

Dr. Matthews Duncan said the other day that he never knew a good man rejected. Few of us will have the happiness of being able to say so. Some of the best men have been rejected. One of the best known teachers in a London school told me, in regard to one of our chief examining bodies in England, that he never could tell what would happen to a student, but that often his best men were rejected and the indifferent ones got through.

Dr Duncan never saw a good man rejected.

I think I need not multiply proofs of the defects in practical and clinical training. Of course, there are many possible explanations of these failures and defects.

Explanation of these failures at Final Examination.

The common one is the easiest—that the student is at fault, that he has been idle, or is slow to learn. Such wholesale failure as in some of the above cases seems to require a more thorough explanation than this. It should

The easiest is to blame the student.

excite doubts as to whether the clinical and practical teaching is as thorough, as individual, as effective as it should be. Probably we shall not be far wrong if we divide the blame equally between—

The Candidate,

The Teacher, and

The Schools, and

The Medical Council and the Examining Bodies.

One great part of the explanation—disproportion between the clinical field of certain schools and the number of their students.

Difficult to give clinical teaching in crowds.

Not my purpose to indicate remedies.

Great fields of practice available for increasing the practical element in medical education.

One great part of the explanation may be in the disproportion between the clinical field of certain schools and the number of their students. This is notoriously true of many of our best medical schools. So that it is difficult for all students to have full opportunities of personally doing clinical work or assisting in doing it. It is difficult to give clinical teaching to crowds.

If a Committee were appointed to consider this question it would, perhaps, be able to devise remedies. It is not my purpose, just now, to go into that question minutely, but I would point out that there are great fields of practice partly available, or which might easily be made available, for supplying this defect, and for increasing the practical element in Medical Education. I will mention two or three of these :

1st. Private Practice.

First,—*There is the great field of Private Practice.*—Pupilage with a practitioner in its old form was often abused. But many of the best practitioners in England believe in it, and attribute to it some of their best education. They had masters, as I had, who taught them all that was honourable in practice, and all that was useful and sensible in the daily routine of duty. Common diseases and common remedies became familiar to them and made the great responsibilities of practice, when they came, more easy. Of course, not every practitioner would be fit for this duty, nor every practice fit for the purpose, but there is a very extensive impression abroad, and not

confined to general practitioners,* that a certain portion of time ought to be spent by students with a general practitioner in learning the routine of medical practice, from the making of a mixture to the making of a post-mortem. Pupilage is already recognised by the Council, and many of the Bodies: but it is not encouraged, still less required.

Then, there is another great clinical field, the *Workhouse Infirmaries*, in which there is an enormous amount of educational work to be done. In London, the Workhouse Infirmaries are great hospitals, and it is not too much to say that some branches of pathology have been greatly enriched and elucidated by the work done by their officers. It would be no disadvantage to the poor if the medical officer was helped in his duties by intelligent pupils, and they would have great advantages.

Workhouse infirmaries.

Then, again, there are the great Country Hospitals, and Hospitals in large cities where there are Medical Schools, and yet, where at present, there is no organic connection between the Medical School and the hospital, from which much of the defect in practical teaching might be supplied.

Country Hospitals.

I do not mean, for a moment, that these additions to means for gaining practical experience will ever supersede the higher teaching which is only to be expected in a fully equipped Medical School and in the wards and theatres of an Hospital in connection with such a School. But I point them out as sources of help and instruction, the neglect of which largely explains that defect in clinical knowledge and practical aptitude, which is found by practitioners in those who have just passed, which is noted by the Visitors of the Medical Council at examinations, and which is demonstrated so painfully and disastrously in the Results

* SIR JAMES PAGET is quoted in a communication inserted in our Minutes to the effect, that if he had a son commencing to-morrow he would send him for his first year to a provincial practitioner.

of the Final Examination, of the principal Examining Bodies.

Midwifery.

Before I sit down I will ask the Council to allow me to make special mention of a subject in which practical training is notoriously deficient. It has been shown by the Visitors of the Council that the demands of many of the Examining Bodies in regard to it are absurdly inadequate—I mean the subject of Midwifery.

Inadequate requirements of the bodies in the matter of practical midwifery.

Practical Midwifery.

	LECTURES.	CASES.
University of London	A Course	20
„ Durham	3 months	10
The two Roy. Colleges of England ...	Not less than 3 mths. Midwifery and Disp. to women.	20
Apothecaries		20
University of Edin.	6 months	3 mths. practice in a Midwifery Hospital. or 6 labours!
„ Abrdn.	6 months	Do. do.
„ Glasgow	6 months	{ Same strange alternatives as Edinburgh.
„ St. And.	6 months	6
R. Col. of Phys. Ed.	3 months	6
R. Col. of Surg. Ed.	3 months	6
Fac. of Phys. & Surg. } Glasgow ... }	3 months	6
University of Dublin	56	6

But Candidates must attend at the Rotunda or Coombe Hospital or the Maternity of Sir Patrick Dun's.

Royal University of Ireland ...	{ 6 months at a recognised Midwifery Hospital.	20
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Six labours are considered equivalent to three months practice in a midwifery hospital by all universities of Scotland, and by both them and the Scottish corporations are considered a sufficient amount of practical instruction in this branch of the profession.

LECTURES.

CASES.

King & Queens Col. of Physicians ...	} Lectures and attendance at a Lying-in Hospital	{ or 20 cases where such Hospital attendance cannot be had.
Royal Col. of Surg.		
	} A Course of Lectures	{ Can find no statement on this point
Apothecaries, <i>Ireland</i> 6 months		
		{ 20. These cases must be at a recognised Lying-in Hospital.

In Ireland, more importance is attached to practical midwifery than in other parts, partly, it is said, because a special qualification in midwifery is required for Poor-law appointments in Ireland.

The general inadequacy of the practical teaching required in midwifery will be admitted, especially the six cases of the Scotch curricula, the scanty lectures of the London colleges, and the absence of requirement of lying-in hospital practice, excepting in the Irish schools, or of proof of having seen, or had the opportunities of seeing the complications of labour and the treatment of them.

But the general inadequacy of requirement in practical midwifery is admitted.

I hope, Sir, the Council will accept this Resolution. It well fits with the main duty imposed on us by the Act of 1886.

This Resolution well fits with the main duty of the Council.

What is that duty?

The duty of the Council.

"It shall be THE Duty of the General Medical Council to secure the maintenance of such a standard of proficiency as shall sufficiently guarantee the possession of knowledge and skill requisite for the efficient practice of

Medicine,
Surgery, and
Midwifery."

It is our duty to appoint Inspectors, but only so that

Inspectors will inspect but we are the responsible Body.

they may report to the Council, and that the Council may do its duty, and, if the standards are not maintained, report the defect to the Privy Council.

Such a duty should never arise, and is not likely to arise.

Still rivalry and even competition between Bodies.

I do not think there was ever a more keen rivalry—on the whole a healthy rivalry—between the Bodies to do well, to be just and fair and faithful in their examinations, than there is now. There is, however, still competition between universities and corporations, between corporations and corporations, between Bodies in one division of the Kingdom and Bodies in another. There are even jealousies and disparagements and inequalities which ought not to exist, and which the action of this Council ought to diminish, if not obliterate.

The rejection at the Final Examinations are discreditable and call for a modification of our system of teaching.

The rejections at the Final Examinations are discreditable to our system of teaching. At least they call for some modification of it. A practitioner may know all Latin and Greek literature, but if he is unable to relieve pain, even humble pain like that of tooth-ache, or the graver agony of retention of urine, or a retained fœtus, all his learning will not bring relief to his patient, or credit to the profession.

Our responsibility.

This is our care, our responsibility, especially under the Act of 1886, and we have proof before us that we shall be kept to it, and reminded of it from high quarters. I do trust, therefore, that the Council will agree to appoint a committee that will consider how we may develop the ability of those entering the profession for relieving all kinds of suffering and disease by

Medicine,

Surgery, and

Midwifery.

It may be said this Council is not responsible for students rejected.

It may be said, it has been said, that this Council is not responsible for students rejected. I do not admit that. It is a Council of *Medical Education*, and is bound to consider, and where necessary to amend *Methods* of

Education. Is it not obvious, too, that the men who get through are just a little higher than the men who are stopped, and *vice versa*. There is no fine line of demarcation. Unfit men will seek to enter any profession. Let us arrest them early for their own sakes and the public's, and then let us investigate boldly and fearlessly defects of education in the very essentials of the Medical Art and prevent this wholesale plucking of men on the very eve of entering the profession, and who have given proof, in earlier examinations, of some diligence. In this way we shall best raise the high reputation of the Profession as one full of good services and offices.

Let us remember that the great triumph of the Profession over all sorts of opposition and quackery lies as much in the development of its efficiency as an art as of its certainty as a science.

